



Complete Summary

TITLE

Maternity care: vaginal birth after Cesarean (VBAC) rate, uncomplicated.

SOURCE(S)

AHRO quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [version 3.0]. Rockville (MD): Agency for Healthcare Research and Quality (AHRO); 2006 Feb 20. 94 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Use of Services

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the number of provider-level vaginal births per 100 discharges with a diagnosis of previous Cesarean delivery.

RATIONALE

About 30% of personal health care expenditures in the United States go towards hospital care, and the rate of growth in spending for hospital services has only recently leveled out after several years of increases following a half a decade of declining growth. Simultaneously, concerns about the quality of health care services have reached a crescendo with the Institute of Medicine's series of reports describing the problem of medical errors and the need for a complete restructuring of the health care system to improve the quality of care. Policymakers, employers, and consumers have made the quality of care in U.S. hospitals a top priority and have voiced the need to assess, monitor, track, and improve the quality of inpatient care.

The policy of recommending vaginal birth after Cesarean (VBAC) delivery represents to some degree a matter of opinion on the relative risks and benefits of a trial of labor in patients with previous Cesarean delivery. VBAC has been identified as a potentially underused procedure.

The best rate for VBAC has not been established. This indicator should be used in conjunction with area rates, national rates, and complication rates (maternal uterine rupture and length of stay, neonatal length of stay) to assess whether a rate is truly too high or too low.

PRIMARY CLINICAL COMPONENT

Maternity care; vaginal birth after Cesarean (VBAC) delivery

DENOMINATOR DESCRIPTION

All deliveries with a previous Cesarean delivery diagnosis in any diagnosis field. Exclude patients with abnormal presentation, preterm, fetal death, multiple gestation diagnosis codes, or breech procedure codes*.

*Refer to the Technical Specifications document in the "Companion Documents" field for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes and Diagnosis-related Groups (DRGs).

NUMERATOR DESCRIPTION

Number of vaginal births in women with a diagnosis of previous Cesarean delivery*

*Refer to the Technical Specifications document in the "Companion Documents" field for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes and Diagnosis-related Groups (DRGs).

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE VALUE OF MONITORING USE OF SERVICE

- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Monitoring and planning
Variation in use of service

EVIDENCE SUPPORTING NEED FOR THE MEASURE

AHRQ quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [version 3.0]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 20. 94 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/State government program
Monitoring and planning

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Not within an IOM Care Need

IOM DOMAIN

Not within an IOM Domain

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All deliveries with a previous Cesarean delivery (see the "Denominator Inclusions/Exclusions" field)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All deliveries with a previous Cesarean delivery diagnosis in any diagnosis field*

Exclusions

Exclude patients with abnormal presentation, preterm, fetal death, multiple gestation diagnosis codes, or breech procedure codes*.

*Refer to the Technical Specifications document in the "Companion Documents" field for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes and Diagnosis-related Groups (DRGs).

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are not equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Institutionalization
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Number of vaginal births in women with a diagnosis of previous Cesarean delivery*

*Refer to the Technical Specifications document in the "Companion Documents" field for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes and Diagnosis-related Groups (DRGs).

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Does not apply to this measure

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Undetermined

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Observed (raw) rates may be stratified by hospitals, age groups, race/ethnicity categories, and payer categories.

Risk adjustment by age is recommended.

Application of multivariate signal extraction (MSX) to smooth risk adjusted rates is also recommended.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Each potential quality indicator was evaluated against the following six criteria, which were considered essential for determining the reliability and validity of a quality indicator: face validity, precision, minimum bias, construct validity, fosters real quality improvement, and application. The project team searched Medline for articles relating to each of these six areas of evaluation. Additionally, extensive empirical testing of all potential indicators was conducted using the 1995-97 Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID) and Nationwide Inpatient Sample (NIS) to determine precision, bias, and construct validity. Table 2 in the original measure documentation summarizes the results of the literature review and empirical evaluations on the Inpatient Quality Indicators. Refer to the original measure documentation for details.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

AHRQ quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [version 3.0]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 20. 94 p.

Identifying Information

ORIGINAL TITLE

Vaginal birth after Cesarean rate, uncomplicated (IQI 22).

MEASURE COLLECTION

[Agency for Healthcare Research and Quality \(AHRQ\) Quality Indicators](#)

MEASURE SET NAME

[Agency for Healthcare Research and Quality \(AHRQ\) Inpatient Quality Indicators](#)

DEVELOPER

Agency for Healthcare Research and Quality

ADAPTATION

Vaginal birth after Cesarean was included in the original Healthcare Cost and Utilization Project Quality Indicator (HCUP QI) set.

PARENT MEASURE

Successful vaginal birth after Cesarean delivery (Agency for Healthcare Research and Quality)

RELEASE DATE

2004 Jul

REVISION DATE

2006 Feb

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

AHRQ quality indicators. Guide to inpatient quality indicators: quality of care in hospitals -- volume, mortality, and utilization [version 3.0]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 20. 94 p.

MEASURE AVAILABILITY

The individual measure, "Vaginal Birth After Cesarean Rate, Uncomplicated (IQI 22)," is published in "AHRQ Quality Indicators. Guide to Inpatient Quality Indicators: Quality of Care in Hospitals -- Volume, Mortality, and Utilization." This document is available in [Portable Document Format \(PDF\)](#) from the [Inpatient Quality Indicators Download](#) page at the Agency for Healthcare Research and Quality (AHRQ) Quality Indicators Web site.

For more information, please contact the QI Support Team at support@qualityindicators.ahrq.gov.

COMPANION DOCUMENTS

The following are available:

- AHRQ quality indicators. Inpatient quality indicators: technical specifications [version 3.0]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 20. 34 p. This document is available in Portable Document Format (PDF) from the [Agency for Healthcare Research and Quality \(AHRQ\) Quality Indicators Web site](#).
- AHRQ quality indicators. Inpatient quality indicators: software documentation [version 3] - SPSS. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 20. 40 p. (AHRQ Pub.; no. 02-R208). This document is available in PDF from the [AHRQ Quality Indicators Web site](#).
- AHRQ quality indicators. Inpatient quality indicators: software documentation [version 3] - SAS. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 20. 45 p. (AHRQ Pub.; no. 02-R208). This document is available in PDF from the [AHRQ Quality Indicators Web site](#).
- AHRQ quality indicators. Software documentation: Windows [version 3.0]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 20. 72 p. This document is available in PDF from the [AHRQ Quality Indicators Web site](#).
- Remus D, Fraser I. Guidance for using the AHRQ quality indicators for hospital-level public reporting or payment. Rockville (MD): Agency for Healthcare Research and Quality; 2004 Aug. 24 p. This document is available in PDF from the [AHRQ Quality Indicators Web site](#).
- AHRQ summary statement on comparative hospital public reporting. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2005 Dec. 1 p. This document is available in PDF from the [AHRQ Quality Indicators Web site](#).
- Guidance for using the AHRQ quality indicators for public reporting or payment - appendix A: current uses of AHRQ quality indicators and considerations for hospital-level reporting. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2005 Dec. A1-13 p. This document is available in PDF from the [AHRQ Quality Indicators Web site](#).
- Guidance for using the AHRQ quality indicators for public reporting or payment - appendix B: public reporting evaluation framework--comparison of recommended evaluation criteria in five existing national frameworks. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2005 Dec. B1-4 p. This document is available in PDF from the [AHRQ Quality Indicators Web site](#).

- AHRQ inpatient quality indicators - interpretive guide. Irving (TX): Dallas-Fort Worth Hospital Council Data Initiative; 2002 Aug 1. 9 p. This guide helps you to understand and interpret the results derived from the application of the Inpatient Quality Indicators software to your own data and is available in PDF from the [AHRQ Quality Indicators Web site](#).
- UCSF-Stanford Evidence-based Practice Center. Davies GM, Geppert J, McClellan M, et al. Refinement of the HCUP quality indicators. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2001 May. (Technical review; no. 4). This document is available in PDF from the [AHRQ Quality Indicators Web site](#).
- HCUPnet, Healthcare Cost and Utilization Project. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2004 [Various pagings]. HCUPnet is available from the [AHRQ Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on February 3, 2006. The information was verified by the measure developer on March 6, 2006.

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